

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9961	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name John F Courtien P O Box Bldg Room No if any Street 750-26B Lido Boulevard City Lido Beach State New York ZIP Code + 4 11561	4 Name file number and address of labor organization Name I U P A T District Council No 9 AFL-CIO Labor Organization File Number 006-770 P O Box Building and Room Number if any Street 45 West 14th Street City New York State New York ZIP Code + 4 10011 7419
5 Position in labor organization Union Organizer	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income None 7 b Amount \$0

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed	On 8/12/05 Date	(212) 255-2950 Telephone Number

Name of Person Filing John Courtien

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Master Painters Association of New York City

Trade Name if any

P O Box Bldg Room No if any Room 506

Street 50 East 42nd Street

City New York

State New York ZIP Code + 4 10117

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Amounts paid to the Employers Association of the
Painting Industry in New York for the calendar year
2004

Convention - \$2 500

Advertising \$ 600

Contributions \$ 200

11 b Approximate dollar value of such dealing

\$3 300

12 a Nature of interest held or income received

Annual installation dinner for Association officers

12 b Amount

\$60

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant
(including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

None

13 b Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment

\$0

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Joint Apprentice and Training Fund

Trade Name if any

P O Box Bldg Room No if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011 7419

10 If 9 b or 9 c is checked give trust or employer's name

Name Joint Apprentice and Training Fund

Trade Name if any

P O Box Bldg Room No if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011 7419

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

Related organization

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

Attended Apprentice graduation BBQ

12 b Amount

\$20

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File Number U

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Painting Industry Insurance Fund

Trade Name if any

P O Box Bldg Room No if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011 7419

10 If 9 b or 9 c is checked give trust or employer's name

Name Painting Industry Insurance Fund

Trade Name if any

P O Box Bldg Room No if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011-7419

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

Related organization

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

Attended annual holiday party

12 b Amount

\$80

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Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Master Painters Association of New York City

Trade Name if any

P O Box Bldg Room No if any Room 506

Street 50 East 42nd Street

City New York

State New York ZIP Code + 4 10017

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

Amounts paid to the Employers Association of the Painting Industry in New York for the calendar year 2004

Convention \$2 500

Advertising \$ 600

Contributions - \$ 200

11 b Approximate dollar value of such dealing

\$3 300

12 a Nature of interest held or income received

Lunch meeting with Association representatives regarding contract negotiations

12 b Amount

\$80

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Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Koehler & Issacs LLP

Trade Name if any

P O Box Bldg Room No if any 25th Floor

Street 61 Broadway

City New York

State New York ZIP Code + 4 10006

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

Fees paid for legal services in the calendar year 2004

11 b Approximate dollar value of such dealing

\$149 189

12 a Nature of interest held or income received

Holiday gift

12 b Amount

\$75

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Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name General Vision Services LLC

Trade Name if any

P O Box Bldg Room No if any 9th Floor

Street 520 Eighth Avenue

City New York

State New York ZIP Code + 4 10018

10 If 9 b or 9 c is checked give trust or employer's name

Name General Vision Services LLC

Trade Name if any

P O Box Bldg Room No if any 9th Floor

Street 520 Eighth Avenue

City New York

State New York ZIP Code + 4 10018

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

Amounts paid to optical benefit provider for the calendar year 2004

11 b Approximate dollar value of such dealing

\$331 160

12 a Nature of interest held or income received

Golf outing / lunch sponsored by optical benefit provider

- Golf \$ 80
- Door prize \$ 30

12 b Amount

\$110